



Stories from Women trying to access a Safe Abortion

While the majority of the population support women's reproductive choice, women regularly tell us that securing an abortion can be very difficult because its legal status is unclear. Women's health services have gathered and recorded some of those stories.

1. Doctors religious or personal views create barriers to informed and timely service access

- A woman in a country town went to two different general practitioners and was refused referral for a termination because of the religious views of those doctors. She had to take time off work to travel to Melbourne, without support from friends or family members. Her boss threatened her with dismissal if she took any more time off.
- One local hospital used to provide terminations but, after a change in Board members, a new rule was introduced that if any theatre staff had a problem with carrying out a termination, then the hospital would stop providing the service. You can no longer access a termination in that town.
- A student in her early twenties went to a large metropolitan hospital to seek an abortion at about 8 week's gestation. The clerk misunderstood her request and booked her for the antenatal clinic. She saw a senior doctor two weeks later who was very sympathetic and provided her with information about the supports available should she continue with the pregnancy. He recommended that she take some time to think about this and booked her for an appointment with him two weeks later. When she returned, he discussed the option of adoption with her and asked her to think about her decision for another week. After another week, he refused to refer her for an abortion. She left the clinic and sought out a social worker, who organised her transfer to the appropriate clinic. The doctor was furious and called on the hospital to sack the social worker for usurping his authority. The woman, who was caught in the middle of this argument, decided to seek an abortion at a private clinic instead – by this stage she had to seek a mid-trimester abortion.

2. Doctors themselves have poor knowledge or don't provide all necessary information

- A 39-year-old woman became pregnant while taking the oral contraceptive pill. She had been prescribed penicillin for a throat infection, but her doctor had not mentioned that her contraception would not work if she used this antibiotic. She and her partner did not want another child.
- A 52-year-old grandmother had not had a period for over a year and her doctor recommended that she stop using the oral contraceptive as it was no longer necessary. She became pregnant but did not realise, thinking the symptoms were a combination of ceasing contraceptive use after more than twenty years and early menopause. By the time her doctor confirmed that she was pregnant, her pregnancy was well advanced.

3. There is the need for a comprehensive State sexual and reproductive health policy

- A thirteen-year-old girl approached a metropolitan hospital for an abortion, supported by her mother. The girl was at least 16 weeks gestation and reported that although she noticed she had put on weight, she was hoping she wasn't really pregnant and thought it would just go away if she ignored it. Her mother had guessed and taken her to the doctor. The hospital refused to perform an abortion given the stage of the pregnancy. They ended up travelling interstate for an abortion, at a cost of \$3,000 plus their travel, accommodation, her mother's time off work, and arrangements for childcare for her younger brother and sister.

4. A woman's life circumstances change and impacts directly on her capacity to raise a child

- A woman in her late thirties with a history of mental illness became pregnant in the early stages of a new relationship. Although it was unplanned, she was happy to be pregnant as she felt it was her last chance to have a child. Her partner was not enthusiastic and became increasingly ambivalent as the pregnancy progressed. When she was 18 weeks gestation the tension in the relationship escalated one evening and he assaulted her. Over the next few weeks she became increasingly depressed, with suicidal thoughts, and experienced a psychotic episode. Her partner left her and she no longer believed that she could continue with the pregnancy or care for a child. Her psychiatrist recommended an abortion. She was 23 weeks gestation when the abortion took place. The nurse attending to her told her that she was a murderer.

5. False advertising by some agencies impacts adversely on informed and timely services

- A 32-year-old woman with four young children attended a metropolitan hospital requesting an abortion and counselling. She was greatly distressed, having contacted a counselling service that she thought provided abortions, but that turned out to be a front for a right-to-life-type organisation. The 'counsellors' there had shown her horrific pictures of aborted fetuses and associated written material. While this did not change the woman's decision to have an abortion, she was angry that the anti-abortion organisation was able to engage in false advertising, creating unnecessary trauma.

6. Parental consent can be a difficult barrier to service access

- A 14-year-old girl whose father had a history of family violence went to her local doctor for contraceptive advice and was told that she was too young to be having sex and was refused contraception. She became pregnant and sought an abortion. The hospital refused to perform the abortion without her parent's consent, for fear of prosecution if anything went wrong during or after the abortion. She knew that she could not gain their consent without placing herself at risk of violence, so she hid the pregnancy. Some weeks later her father walked in on her in the shower and, noticing her pregnancy, beat her severely. She was placed in a youth refuge and the workers helped her access an abortion, although she was now 18 weeks gestation.